



Stay Healthy, Stay Home Telehealth Toolkit Provider Reference Guide



What is Telehealth?

Telehealth is defined as the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies. The terms *telehealth* and *telemedicine* are often used interchangeably, but telehealth has evolved to encapsulate a broader array of digital healthcare activities and services.

What is Telemedicine?

Telemedicine refers to the remote diagnosis and treatment of patients by means of telecommunications technology who are geographically separated from their provider. Telemedicine visits generally consist of a video visit between the provider and a patient via a device that connects to the internet such as a computer, tablet, or smartphone. This allows for long-distance patient and clinician contact, care, advice, reminders, education, interventions, remote monitoring and admissions.

What is the “Stay Healthy, Stay Home Telehealth Toolkit”?

A toolkit of educational videos and printable resources which are aimed at assisting professionals with implementing or expanding the use of telemedicine with home dialysis patients to limit community spread of infectious disease, maintain social distancing practices while providing access to care to patients in the home modality setting.

What’s included in the “Stay Healthy, Stay Home Telehealth Toolkit”?

The following **clickable**, **viewable** and **printable** resources will assist providers in understanding the role of telemedicine, its benefits and the utilization with home dialysis patients.



Stay Healthy, Stay Home Telehealth Toolkit Provider Reference Guide



Medicare Telemedicine Health Care Provider Fact Sheet

MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET

Mar 17, 2020 Telehealth

Medicare coverage and payment of virtual services

INTRODUCTION:

Under President Trump's leadership, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

A few Key Takeaways:

- Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.
- These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.

CMS – ESRD Provider Telehealth & Telemedicine Toolkit

ESRD Provider Telehealth and Telemedicine Toolkit

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Intent of Toolkit:

Under President Trump's leadership to respond to the need to limit the spread of community COVID-19, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Note, this toolkit is designed to provide information only and not intended to endorse any non-federal entities.

Information specific to kidney care is indicated by an asterisk (*).

Toolkit at a Glance:

CMS has expanded access to Medicare telehealth services so beneficiaries can receive a wider range of services from their doctors and practitioners without having to travel to a healthcare facility under the 1135 waiver authority, see the ESRD Provider Telehealth and Telemedicine Toolkit for additional information.



Stay Healthy, Stay Home Telehealth Toolkit Provider Reference Guide



[CMS – Excel List of Covered Medicare Telehealth Services and Billing Codes](#)

[TELEHEALTH.HHS.GOV](#)

For Providers:

Get information to help you integrate telehealth, get up to speed on recent COVID-19 related policies, and learn what patients will need to use telehealth.

For Patients:

Find out what telehealth is, what you'll need, and what to expect from a visit. Patients can also check out tips on finding telehealth options.

IPRO ESRD Network Program – Telehealth for the ESRD Provider



Telehealth for ESRD Providers

...part of a solution to help stop the spread of COVID-19



What has changed to make telehealth more available for use during the COVID-19 Outbreak?
Under the 1135-Waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriation Act, Medicare coverage for telehealth services was expanded with effective date of March 1, 2020. This expansion allows for the use of technology to help people who need routine care get access to providers, while limiting their exposure to possible situations that could lead to their contracting or spreading the virus.

Who can provide healthcare services through telemedicine?
A range of providers including doctors, nurse practitioners, physician assistants, certified nurse assistants, clinical psychologists, registered dietitians, and licensed clinical social workers are able to offer telehealth as long as it's appropriate for the patient. Each discipline should follow regulations based on their state and their organization's direction.

What is covered for reimbursement?

- Telehealth services for patients located at their homes at the time of the virtual visit.
- Coverage of patients with no prior established relationship.
- Use of telecommunications technologies with audio and video capabilities that allow for two-way, real time interactive communication. This could include communications using telephones.

What are some specific recommendations for use of telehealth in the care of ESRD patients during the COVID-19 Outbreak?

- Physician visits for home dialysis patients.
- Initial appointments for transplant evaluation.
- Visits with stable in-center hemodialysis patients during the CMS Waiver of Conditions of Coverage 494.90(b)(4) which requires for a monthly in-person visit.

How can a provider bill for telehealth services?
Telehealth services are generally billed as an in-person visit and payed at the same rate. However, the designated Place-of-Service (POS) code should indicate "02-Telehealth".

When can you start providing care through telehealth platforms?
Reimbursement to clinicians offering telehealth services is effective as of March 1, 2020 and extended through the duration of the COVID-19 pandemic, as indicated per the 1135-Waiver and the Coronavirus Preparedness and Response Supplemental Appropriations Act.



How can you provide care through telemedicine?

There are three main types of virtual services physicians and other professionals can provide:

- **Medicare telehealth visits** (as regular in-person visits)
 - HCPCS/CPT Codes: 99201-99215 for outpatient or office services; G0425-G0427 for ED or initial inpatient services; G0406-G0408 for follow up inpatient services
- **Virtual check-ins** (5 to 10-minute visit that mitigates the need for in-person visit)
 - HCPCS Codes: G2010, G2012
- **e-Visits** (communication between patient/provider through online patient portal)
 - HCPCS/CPT Codes: 99421-99423, G2061-G2063
- **Telephone Visits**
 - CPT Codes: 98966/99441 (5-10 minutes); 98967/99442 (11-20 minutes); and 98968/99443 (21-30 minutes)

Do I need to use a HIPAA compliant system or specialized technology?
Effective immediately, the Department of Health and Human Services (HHS) Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. If you are considering establishing a permanent telemedicine program, provided to the right are links to telemedicine vendors to consider.




If you are considering telehealth as a platform for providing care to ESRD patients, please review the following resources for more information:

- CMS – ESRD Provider Telehealth and Telemedicine Toolkit: <https://www.cms.gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf>
- CMS – Medicare Telemedicine Health Care Provider Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- Medicare Telehealth Frequently Asked Questions (FAQs): <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>
- CMS – End Stage Renal Disease (ESRD) Facilities: CMS Flexibilities to Fight COVID-19 (Waivers): <https://www.cms.gov/files/document/covid-19-esrd-facilities.pdf>
- Renal Physicians Association – Guidance on Billing and Coding for Remote Nephrology Services: https://ckm.ymaws.com/www.renalmed.org/resource/remscovid_19/rev-rpa_guidance_on_billing.pdf
- Telehealth Start-Up and Resource Guide: https://www.healthit.gov/sites/default/files/telehealthguide_final_0.pdf
- List of Telehealth Services that can be provided under the new emergency declaration: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- Telemedicine Vendors Directory: <https://telemedicine.arizona.edu/service-directory>
- Coverage and Payment Related to COVID-10 Medicare: <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

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Developed by IPRO
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IPRO ESRD Network Program – Provider Checklist



Telehealth Visit Checklist for Providers


Making Telehealth Part of Your Daily Practice

Why Telehealth?
Telehealth offers the opportunity to have continuity of care without the difficulties and risk associated with travel to a physical location. For the end stage renal disease (ESRD) patient population, using telehealth to supplement on-site appointments helps to lower exposure to adverse events. If utilized effectively, for the vulnerable patient population telehealth can increase patient options for interaction with the healthcare team.

How to use Telehealth effectively:
Use this checklist to assure all team members hosting telehealth visits are following the same professional standards as they would in an in-person appointment. Listed are some key considerations to review when preparing to use telehealth.

Getting Started: Tips for Consideration

- Engage Patients**
 - Remind patients that virtual visits can be an option during pandemics or weather emergencies, as a way to avoid missing visits with your doctor, ultimately avoiding complications and hospitalizations.
 - Educate patients about telehealth and its benefits.
 - Explain to patients receiving home dialysis that after the initial three months of dialyzing at home the dialysis team can schedule virtual visits for two of three visits each quarter.
 - Educate staff on the utilization of telehealth, new technology, and equipment needed; and develop a plan to assist patients with initiating this service.
 - Be positive and encouraging when scheduling telehealth visits.
- Supporting Facility Staff and Clinician Concerns**
 - Develop a clear understanding of your responsibilities as a provider of telehealth services including requirements for licensure, liability, billing, documentation and reimbursement policies.
 - Define schedules and location for visits to ensure HIPAA compliance.
 - Determine a workflow for each member of the team, and modify the workflow with input from the team and from patients.
 - Nominate a telehealth clinical lead to provide support and serve as the patients' primary contact for concerns.
 - Be positive and encouraging when scheduling telehealth visits.



3. Create a Checklist to Assure a Successful Visit

- Ensure privacy, and compliance with HIPAA.
- Avoid background noise, and mute other web applications.
- Provide adequate lighting.
- Assure equipment is charged and ready for use.
- Review patient concerns and records prior to the start of the call.
- Adjust webcam to ensure eye contact and remain focused.
- Identify a member of the team to record, and document concerns, changes, expectations and responsibilities.
- If you need to turn away, inform the patient or caregiver.
- Use non-verbal language to signal you are listening.
- Verbalize and clarify next steps such as follow up appointments, care plans, prescription orders, etc.
- Send a concise communication to the patient/caregiver to recap issues and changes to the patient plan of care as requested.
- Schedule the next telemedicine visits as needed.
- Ask the patient if he/she would like to schedule a private visit with an individual member of the team and schedule that time.
- Ask the patient/caregiver for their feedback on how you and the practice can improve the telehealth experience.

4. Prepare for Long-Term Use

- Stay up to date on Centers for Medicare & Medicaid Services (CMS) regulations on telehealth use including HIPAA requirements and allowable telehealth platforms.
- Consider using telehealth services that are HIPAA-compliant and integrated into your current Electronic Medical Record/Practice Management (EMR/PM) system to benefit long-term use.
- Survey other telehealth vendor options outside of your EMR/PM system. For a comprehensive list of telehealth vendor options, contact your Regional Telehealth Resource Center.
- Review feedback from staff and patients to determine successes and challenges develop a plan to overcome the barriers identified.
- For additional resources, view the ESRD National Coordinating Center's "Quickstart: Operationalizing Telehealth at the Nephrology Practice" [LINK](#)
- Telehealth Regulation [LINK](#)

When to Use Telehealth:
There are three main types of virtual services physicians and other professionals can provide: Below is a list of procedures and corresponding coding that could be used to perform virtual care.

- Medicare telehealth visits** (bill as regular in-person visits)
 - **HCPCS/CPT Codes:**
 - 99201-99215 for outpatient or office services;
 - G0425-G0427 for ED or initial inpatient services;
 - G0406-G0408 for follow up inpatient services (modify location)
- Virtual check-ins** (Brief (5-10 minute visits) that replace the need for an in-person visit.
 - **CPT Codes:**
 - 98966/99441 (5-10 minutes);
 - 98967/99442 (11-20 minutes); and
 - 98968/99443 (21-30 minutes)
- Telephone visits**
 - **HCPCS Codes:** G2010, G2012
 - **e-Visits** (communication between patient/provider through online patient portal)
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Adapted from material originally developed by the End Stage Renal Disease National Coordinating Center (ESRD NCC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS).

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IPRO ESRD Network Program – Do your patients know about home treatment options?

Do your patients know about home treatment options?

HOME DIALYSIS...

Peritoneal Dialysis (PD)

PD Benefits in Brief
Needle-free. A catheter is used for treatments.
Portable. Patients aren't confined to one place for treatment.
Flexible. Patients can choose treatment times that fit their needs and lifestyle.
Freedom. Patients can eat and drink more of what they enjoy.
Kidney Function. PD may extend patients' remaining kidney function longer than would standard hemodialysis.

Home Hemodialysis (HHD)

HHD Benefits in Brief
More Energy.
More dialysis – patients feel better.
More Control.
 Allows patients to eat, drink, and have visitors during treatments.
Better Access.
 Lasts longest when patients place their own needles.
Better Survival.
 Patients may live just as long as if they received a deceased donor kidney transplant.

What types of support would the dialysis facility provide?

- One-on-one training is provided to patients until they feel comfortable and confident dialyzing at home.
- Home nurse support is provided 24/7.
- Lab work and evaluations performed through monthly visits at the home facility.
- Home nurse assistance with organizing the home to accommodate dialysis treatment supplies.

continued on next page

IPRO End-Stage Renal Disease Network of the South Atlantic
<http://network6.esrd.ipro.org>

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Do your patients know about home treatment options?

HOME DIALYSIS... continued

Why should home dialysis be considered?

More flexibility with treatment times and daily life schedules

- PD and HHD are travel-friendly
- Patients may be able to follow a more normal diet with less restrictions
- Better control of blood pressure
- Patients may be able to reduce medications
- Less stress on the heart and may reduce post-dialysis recovery time
- More energy, both mentally and physically
- Ability to work or continue school
- Ability to manage self-care
- Less transportation concerns to and from the dialysis clinic
- Increased chance of receiving a transplant

How can you share home dialysis information with your patients?

- Share the Network's Peritoneal and Home Hemodialysis brochures with dialysis patients upon discharge. Materials can be found here: <https://network1.esrd.ipro.org/home/healthcare-provider-resources/dial/home-therapies.cfm>
- Refer patients to their attending physician for more information or for answers to their questions.
- Share the **Kidney Choices** app, a tool to help patients and their healthcare teams select the treatment option that is right for them. Track diagnostic tests, clinician appointments and medications.

Available on the App Store and on Google Play.

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ESRD NCC – Four Tips for Integrating Telehealth into Nephrology Practices

Four Tips for Integrating Telehealth into Nephrology Practices

Below are practical tips for nephrology offices starting or strengthening telehealth options during the Coronavirus 2019 (COVID-19) pandemic. Note: The suggestions below reflect the revised 2020 Centers for Medicare & Medicaid Services (CMS) telehealth regulations as of April 29, 2020 enacted in response to the COVID-19 pandemic. For the most up-to-date telehealth regulations, please visit www.cms.gov.

Tip 1: Advertise and Engage Patients in Telehealth Services

- Remind patients that kidney care is essential during this public health emergency to avoid unnecessary complications or hospitalizations.
- Talk about available telehealth outpatient visit options, such as the nephrologist rounding via video conference for those of the four weekly clinic encounters or the monthly home dialysis visit, to gain buy-in for virtual visits.
- Prepare staff to listen to then address patient questions about telehealth services (e.g., how to download an application on a phone or computer, how to troubleshoot issues, how to prepare for an appointment) or concerns about how a nephrology telehealth appointment would work.
- Reschedule patient appointments to telehealth visits in a positive way. Inform patients that the practice will now be conducting telehealth appointments by video or phone due to the COVID-19 virus. Given the unpredictable timeline of the pandemic, waiting for an in-person visit is not recommended.

Tip 2: Support Team Members When Implementing New Telehealth Services

- Have patience when adjusting the clinical workflow. With new scheduling and billing practices, all staff will be shifting their routine to support the nephrology practice.
- Write custom clinical workflows with step-by-step instructions for each team member's role. And remember, there is no such thing as a too detailed clinical workflow!
- Nominate telehealth leads to support all other clinical and office staff during telehealth appointments. Workflows are necessary and having a designated point person is helpful.

Tip 3: Determine What is Needed to Expand Telehealth Services

- Train staff in technology and new equipment where necessary to accommodate a growing telehealth practice. Health information technology (IT) also may be in greater demand in a telehealth work environment.
- Stay up to date with HIPAA requirements: CMS has temporarily relaxed HIPAA requirements in response to the COVID-19 pandemic. Telehealth services can now be conducted on audio-visual platforms such as FaceTime, Skype, or Zoom.
- Consider using an audio-visual platform for telehealth services that is HIPAA-compliant and integrated into the current EMR/PM system to benefit long-term use.
- Survey other telehealth vendor options outside of your EMR/PM system. For a comprehensive list of telehealth vendor options, contact your [Regional Telehealth Resource Center](#).

Tip 4: Prepare for Long-Term Use of Telehealth Services

- Reflect on whether patients or clinical practice staff members may enjoy telehealth services offered routinely in the future.
- Explore what staffing or equipment resources would be needed to sustain or expand telehealth. New equipment, such as remote patient monitoring kits, could be used in future telehealth opportunities.

Want to hear from the nephrology Chief Financial and Operations Officer who inspired these tips? Listen to the ESRD NCC's Quicklink on Operationalizing Telehealth at the Nephrology Practice at <https://youtu.be/1a2z9mf9p04>.
 HIPAA – Health Insurance Portability and Accountability Act, EHR – Electronic medical records, PM – Patient management

This material was prepared by the End-Stage Renal Disease National Coordinating Center (ESRD NCC) contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. PL-ESRD NCC-719470-03-2020-01

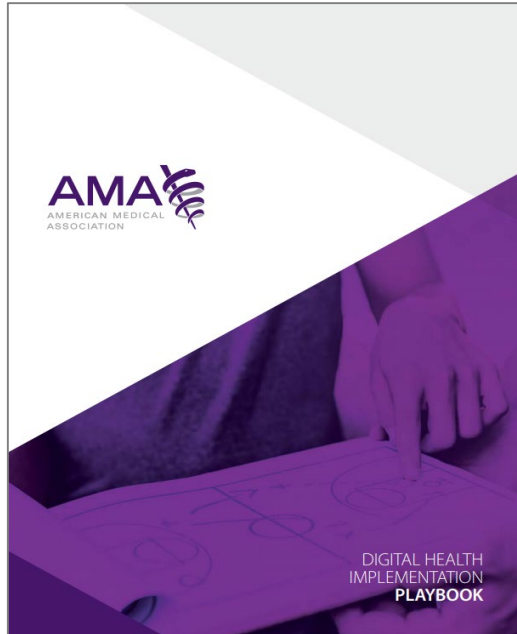
Tips for Integrating Telehealth:

In this telehealth tip sheet you will find practical tips for nephrology offices starting or strengthening their telehealth options during the Coronavirus 2019 (COVID-19) pandemic.

Stay Healthy, Stay Home Telehealth Toolkit Provider Reference Guide



American Medical Association (AMA) Digital Health Implementation Playbook



- The Playbook is designed for care teams and administrators in medical practices of all sizes and areas of specialty.
- New technologies are fundamentally changing the way people interact with health care. Successful implementation of digital health technology will be imperative for improving patient outcomes and ensuring financial stability for health care practices.
- Remote patient monitoring (RPM) is a digital health solution that captures and records patient physiologic data outside of a traditional health care environment.

CMS Medicare Learning Network Booklet – Telehealth Services



Learn about these Medicare telehealth services topics:

- Originating sites
- Distant site practitioners
- Telehealth services
- Telehealth services billing and payment
- Telehealth originating sites billing and payment
- Resources
- Helpful websites and Regional Office Rural Health Coordinators

Medicare pays for specific (Part B) physician or practitioner services furnished through a telecommunications system. Telehealth services substitute for an in-person encounter.

Stay Healthy, Stay Home Telehealth Toolkit Provider Reference Guide

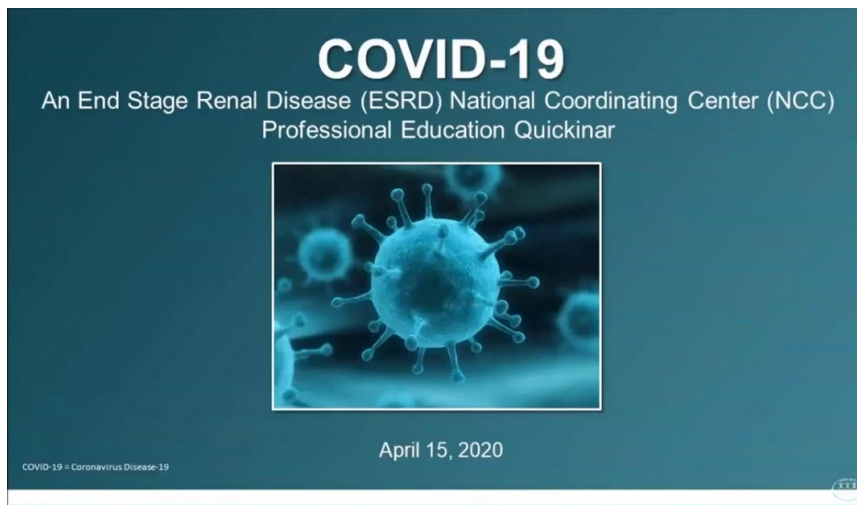


Provider Webinar – CMS-Medicare Learning Network (MLN): [Medicare Coverage and Payment of Virtual Services](#)



This video will provide you with answers to common questions about the expanded Medicare telehealth services benefit under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

Provider Webinar – ESRD NCC Quickinar: [Operationalizing Telehealth at the Nephrology Practice](#)



Presenter:

David Arrieta, MBA

Presentation

Objectives:

Discussion of telehealth from an administrative standpoint.

Shared information on process planning and telehealth workflows.



Stay Healthy, Stay Home Telehealth Toolkit Provider Reference Guide



How Do I Use These Resources?

Review all of the Stay Healthy, Stay Home Telehealth Resources in this toolkit and familiarize yourself with the various telemedicine resources on the implementation, utilization and/or expansion of telehealth with home patients at your practice.

1. Engage patients in their care by educating them about the benefits of telemedicine and home treatment options that will empower them to be involved in the decision-making process about their health.
2. Print and share patient telemedicine and home modality toolkit resources with patients and/or family member/caregivers.
3. Answer questions that are within your scope but do not give medical advice to patients. Always refer him or her to their physician for questions and/or further evaluation for home dialysis or telemedicine utilization.



If I need assistance with the Stay Healthy, Stay Home Telehealth Toolkit, who do I contact?

Contact your ESRD Network for additional information and resources.

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